

01-11-08

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2008**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

NY-LUD 5253-US5-DIV (09885911)

Application Number

08/819,669-Conf. #1995

Filed

March 17, 1997

For TUMOR REJECTION, ANTIGEN PRECURSORS, TUMOR REJECTION ANTIGEN S AND USES
THEREOF

Art Unit 1644

Examiner

P. Gambel

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|---|--------|------------------|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ 1,640.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0624. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

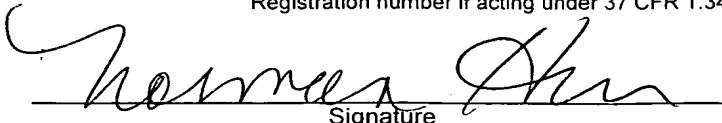
I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 30,946

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____


Signature


Date

Norman D. Hanson
Typed or printed name

(212) 318-3168
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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1640.00 DA

Four Month Request for Extension of Time Under 37 CFR 1.136(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 155746571 US, on the date shown below in an envelope addressed to:
MS Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 1/10/08

Signature:  (Fani Malikouzakis)